## UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorn	Attorney Docket No.		42P17605	, o		
First Inventor Flores		Flore	nce R. Pon, et al.	. ⊃.		
Title				99		
	SPACER	LESS D	238			
Express Mail Label No.		bel No.	EV323393241US	~~~		

42,034

09/30/03

Registration No. (Attorney/Agent)

Date

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. EV323393241US							
APPLICATION ELEMENTS			Co	fail Stop Patent Application	n		
See MPEP chapter 600 concerning utility patent application	o contents	ADDR	RESS 10: P.	Commissioner for Patents P.O. Box 1450 Revandria VA 22313-1450			
Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original and a duplicate for fee processing)			D-ROM or CD-R in du				
			omputer Program ( <i>Ap</i> otide and/or Amino		Cubmission		
See 37 CFR 1.27.			otide and/or Amino plicable, all necess		SUDMISSION		
3. Specification [Total Page	∍s <u>14</u> ]	а. 🗆	•	adable Form (CRF	F)		
(preferred arrangement set forth below) - Descriptive title of the Invention		•	Specification Seque	•	•		
- Cross References to Related Applications			. —	CD-R (2 copies);	ror		
<ul> <li>Statement Regarding Fed sponsored R &amp; D</li> <li>Reference to sequence listing, a table,</li> </ul>		_	i.				
or a computer program listing appendix		c.   Statements verifying identity of above copies					
- Background of the Invention							
<ul> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawings (if filed)</li> </ul>	t	9. 🔀 Ass	signment Papers (co	ver sheet & docum	ient(s))		
- Detailed Description		10. 🔲 37 (	C.F.R. § 3.73(b) Stat	atement	Power of Attorney		
<ul> <li>Claim(s)</li> <li>Abstract of the Disclosure</li> </ul>		(wh	hen there is an ássigr	mee)	•		
- ADSTRACT OF THE DISCLOSURE		<b>     </b>	glish Translation Doc formation Disclosure		le) Copies of IDS		
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 9	1		formation Disclosure atement (IDS)/PTO-1		Citations		
	•	13. 🔲 Pre	eliminary Amendmen	nt 🔲	Application Amended		
5. Oath or Declaration (signed) [Total Pages 3]	.]	14. 🔀 Ret	turn Receipt Postcare	rd (MPEP 503)	to Reflect Claim of Priority		
a. Newly executed (original or copy)			hould be specifically i ertified Copy of Priorit	nonnzeu)	Priority		
b. Copy from a prior application (37 C.F.R. (for continuation/divisional with Box 18 c	. 3 1.00(0))		ertified Copy of Priorit foreign priority is claii		!		
- DELETION OF 111 (FUEDO)	20IIIpieces,	16. 🔲 Nor	inpublication Request	st under 35 U.S.C. 1			
Signed statement attached deleting inventor(s			plicant must attach fo	om PTO/SB/35 or i	its equivalent.		
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	ľ	17. 🔲 Oth	her:				
6. Application Data Sheet. See 37 CFR 1.76				· · · · · · · · · · · · · · · · · · ·			
— 18. If a CONTINUING APPLICATION, check appropriate	- Lay and sil	hi the rea	- 4- information he		teres of the		
<ol> <li>It a CONTINUING APPLICATION, check appropriate specification following the title, or in an Application Data</li> </ol>				OW and In the maca	sentence or tne		
	ntinuation-in-pa		of prior applic	cation No:			
Prior application Information: Examiner	and a	<i>n</i> · (=,		oup/Art Unit:			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure	of the prior appl	leation, from w		·	sh is considered a		
part of the disclosure of the accompanying continuation or divisional a portion has been inadvertently omitted from the submitted application	application and Is						
	CORRESPO	ONDENCE /	ADDRESS				
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Name							
Address							
City	Sta	ate.		Zip Code	7		
Country	Telephone		14) 557-3800	Fax	(714) 557-3347		

Thinh V. Nguyen

Name (Print/Type)

FEE TRANSMITTAL	_ l	Complete if Known						
	_	Application Number						
for FY 2003	-	Filing Date				September 30, 2003		
Effective 01/01/2003. Patent fees are subject to annual revision.		First Named Invento			Flor	Florence R. Pon		
Applicant claims small entity status. See 37 CFR 1.27.	-	Examiner Name						<u> </u>
TOTAL AMOUNT OF PAYMENT (\$) 970	Group/Art Unit						,	
TOTAL AMOUNT OF PAYMENT (\$) 970.	.00	Attorney I	Oocke:	t No.	42P	7605		
METHOD OF PAYMENT (check all that apply)					E CALCULAT	ON (continu	ed)	
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Account Name Blakely, Sokoloff, Taylor & Zafman LLP	2053	130	2053 130					
The Commissioner is authorized to: ( check all that apply)	1812		1812	2,520	For filing a request for		nation	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920	Requesting publication	on of SIR prior to		
					Examiner action			ll
Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	1805	1,840*	1805	1,840	<ul> <li>Requesting publication</li> </ul>	on of SIR after		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	1251	110	2251	55	Extension for reply wi	thin first month		
FEE CALCULATION	1251		2252	205	Extension for reply wi			
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1. BASIC FILING FEE Large Entity Small Entity					Extension for reply wi	,		
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1001 750 2001 375 Utility filing fee <b>750.00</b>	1404		2401	160	Notice of Appeal			
1002 330 2002 165 Design filing fee	1402		2402	160	Filing a brief in suppo			
1003 520 2003 260 Plant filing fee	1403		2403	140	Request for oral hear	_		
1004 750 2004 375 Reissue filing fee	1451	•	2451	1,510	Petition to institute a		ling	
1005 160 2005 80 Provisional filing fee	1452		2452	55	Petition to revive - un			
SUBTOTAL (1) (\$) 750.00	1453		2453	650	Petition to revive - un			
	1501	· ·	2501	650	Utility issue fee (or re	issue)		
2. EXTRA CLAIM FEES Extra Fee from	1502		2502	235	Design issue fee			
Claims below Fee Paid  Total Claims out 10 00 = 0.100 co	1503	•••	2503	315	Plant issue fee			
Independent 30 - 20 = 10 X 18.00 \$180.00	1460		2460	130	Petitions to the Comm			
Claims 3 0 X 84.00 = \$0.00	1807	50	1807	50	Prosessing fee under	• • • • • • • • • • • • • • • • • • • •		
Multiple Dependent	1806	180	1806	180	Submission of Inform		trnt	
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1202 18 2202 9 Claims in excess of 20	1809	750	1809	375	(37 CFR § 1.129(a))	ter iinai rejection		
1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	375	For each additional in	vention to be		
1203 280 2203 140 Multiple Dependent claim, if not paid					examined (37 CFR §			1 1
1204 84 2204 42 **Reissue independent claims over original	1801	750	2801	375	Request for Continued	Examination (RCI	E)	
patent	1802	900	1802	900	Request for expedited			<del></del>
1205 18 2205 9 **Reissue claims in excess of 20 and over	Other f	ee (specify)			of a design application	1		
original patent		00 (0,2,,						
SUBTOTAL (2) (\$) 180.00	*Pod ro	ol bu Bacin Film	San Daid	ı	_	011070741 (0)		
**or number previously paid, if greater, For Reissues, see below	* Reduced by Basic Filing Fee Paid				•	SUBTOTAL (3) (\$)		40.00
SUBMITTED BY						Comp	lete (if appl	icable)
	Registratio		1	2.024	Telephone		57-3800	
Name (Print/Type) Thinh V. Nguyen	(A	Attomey/Agen	t)	- 4	2,034	Гетерпопе	(/14)3	37-3600
Signature W Ohmun						Date	09/30/03	